

YOUR FIRST NAME AND INITIAL <b>1</b>		LAST NAME	YOUR SOCIAL SECURITY NO.
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL <b>1</b>		LAST NAME	SPOUSE'S SOCIAL SECURITY NO.
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE <b>2</b>	APT. NO.	DAYTIME PHONE ( )	<b>↑ IMPORTANT ↑</b> You must enter your SSNs.
HOME ADDRESS CONTINUED <b>2</b>		HOME PHONE <b>94</b> ( )	

CITY, TOWN OR POST OFFICE <b>3</b>	STATE	ZIP CODE	<b>82</b> CHECK ONE if filing under an extension: 4 month extension 82D <input type="checkbox"/> 6 month extension 82F <input type="checkbox"/>
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Filing Status	<b>4</b> Married filing joint return	FOR DOR USE ONLY
	<b>5</b> Head of household - name of qualifying child or dependent:	
	<b>6</b> Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶	
	<b>7</b> Single	

Exemptions	<b>8</b> Enter the number claimed. Do not put a check mark.	Age 65 or over (you and/or spouse)	<b>88</b>
		Blind (you and/or spouse)	
		Dependents. From page 2, line A2 - <b>do not include self or spouse.</b>	
		Qualifying parents and ancestors of your parents. From page 2, line A5.	<b>81</b>

<b>12</b> Federal adjusted gross income (from your federal return).....	<b>12</b>		<b>00</b>
<b>13</b> Exemption - Age 65 or over: Multiply the number in box 8 by \$2,100 .....	<b>13</b>		<b>00</b>
<b>14</b> Exemption - Blind: Multiply the number in box 9 by \$1,500.....	<b>14</b>		<b>00</b>
<b>15</b> Exemption - Dependents: Multiply the number in box 10 by \$2,300 .....	<b>15</b>		<b>00</b>
<b>16</b> Exemption - Qualifying parents and ancestors of your parents: Multiply the number in box 11 by \$10,000.....	<b>16</b>		<b>00</b>
<b>17</b> Total subtractions. Add lines 13 through 16.....	<b>17</b>		<b>00</b>
<b>18</b> Arizona adjusted gross income. Subtract line 17 from line 12.....	<b>18</b>		<b>00</b>
<b>19</b> Standard deduction. If you checked filing status box 4 or 5, enter \$8,250. If you checked box 6 or 7, enter \$4,125.....	<b>19</b>		<b>00</b>
<b>20</b> Personal exemptions. See page 7 of the instructions.....	<b>20</b>		<b>00</b>
<b>21</b> Arizona taxable income. Subtract lines 19 and 20 from line 18. If less than zero, enter zero.....	<b>21</b>		<b>00</b>
<b>22</b> Amount of tax from Optional Tax Rate Tables.....	<b>22</b>		<b>00</b>
<b>23 - 24</b> Clean Elections Fund Tax Reduction. See instructions page 7. 231 <input type="checkbox"/> YOURSELF 232 <input type="checkbox"/> SPOUSE.....	<b>24</b>		<b>00</b>
<b>25</b> Reduced tax. Subtract line 24 from line 22.....	<b>25</b>		<b>00</b>
<b>26</b> Family income tax credit from worksheet on page 8 of instructions .....	<b>26</b>		<b>00</b>
<b>27</b> Subtract line 26 from line 25. If less than zero, enter zero .....	<b>27</b>		<b>00</b>
<b>28</b> Clean Elections Fund Tax Credit. From worksheet on page 9 of the instructions.....	<b>28</b>		<b>00</b>
<b>29</b> Balance of tax. Subtract line 28 from line 27. If line 28 is more than line 27, enter zero .....	<b>29</b>		<b>00</b>
<b>30</b> Arizona income tax withheld during 2005 .....	<b>30</b>		<b>00</b>
<b>31</b> Amount paid with 2005 Arizona extension request (Form 204) .....	<b>31</b>		<b>00</b>
<b>32</b> Increased Excise Tax Credit from worksheet on page 9 of the instructions.....	<b>32</b>		<b>00</b>
<b>33</b> Property Tax Credit from Form 140PTC .....	<b>33</b>		<b>00</b>
<b>34</b> Total payments/credits. Add lines 30 through 33 .....	<b>34</b>		<b>00</b>
<b>35</b> TAX DUE. If line 29 is larger than line 34, subtract line 34 from line 29, and enter amount of tax due. Skip line 36.....	<b>35</b>		<b>00</b>
<b>36</b> OVERPAYMENT. If line 34 is larger than line 29, enter amount of overpayment .....	<b>36</b>		<b>00</b>
<b>37 - 44</b> Voluntary Gifts to:			
Aid to Education (entire refund only) <b>37</b> <input type="text"/> <b>00</b>	Arizona Wildlife <b>38</b> <input type="text"/> <b>00</b>	Citizens Clean Elections <b>39</b> <input type="text"/> <b>00</b>	
Child Abuse Prevention <b>40</b> <input type="text"/> <b>00</b>	Domestic Violence Shelter <b>41</b> <input type="text"/> <b>00</b>	Neighbors Helping Neighbors <b>42</b> <input type="text"/> <b>00</b>	
Special Olympics <b>43</b> <input type="text"/> <b>00</b>	Political Gift <b>44</b> <input type="text"/> <b>00</b>		
<b>45</b> Check only one if making a political gift: 451 <input type="checkbox"/> Democratic 452 <input type="checkbox"/> Libertarian 453 <input type="checkbox"/> Republican			
<b>46</b> Total voluntary gifts: Add lines 37 through 44 .....	<b>46</b>		<b>00</b>
<b>47</b> REFUND. Subtract line 46 from line 36. If less than zero, enter amount owed on line 48 .....	<b>47</b>		<b>00</b>
Direct Deposit of Refund: See instructions.			
<b>98</b> ROUTING NUMBER <input type="text"/>	ACCOUNT NUMBER <input type="text"/>	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
<b>48</b> AMOUNT OWED. Add lines 35 and 46. Make check payable to Arizona Department of Revenue; include SSN on payment.	<b>48</b>		<b>00</b>
<input type="checkbox"/> Payment enclosed. Check the box and attach payment.			

ATTACH PAYMENT HERE. Attach W-2 to back of last page of the return.

 PLEASE BE SURE TO SIGN THE RETURN ON THE REVERSE SIDE OF THIS PAGE.

**PART A: Dependents and Qualifying Parents - do not list yourself or spouse**

**A1** List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2005

**A2** Enter total number of persons listed in A1 here and on the front of this form, box 10 ..... TOTAL **A2**

**A3 a** Enter the names of the dependents listed above who do not qualify as your dependent on your federal return. See page 5 of the instructions.

**b** Enter dependents listed above who were not claimed on your federal return due to education credits:

**A4** List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 6 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2005

**A5** Enter total number of persons listed in A4 here and on the front of this form, box 11 ..... TOTAL **A5**

**PART B: Last Name(s) Used in Prior Years if different from name(s) used in current year**

**B6** \_\_\_\_\_

<b>PLEASE SIGN HERE</b>	<i>I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</i>		
	→ YOUR SIGNATURE _____	DATE _____	
	→ SPOUSE'S SIGNATURE _____	DATE _____	
	PAID PREPARER'S SIGNATURE _____	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____	
	PAID PREPARER'S TIN _____	DATE _____	PAID PREPARER'S ADDRESS _____

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.  
 If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.